

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90091 017 ***150.00

DOCUMENT # 626096

1. Entity Name
TOWER VIEW GROVES, INC.



Principal Place of Business
**ALT HWY 17
LAKE WALES FL 33851
US**

Mailing Address
**264 ECHO RIDGE
PO BOX 20744
JASPER GA 30143
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales FLA.

City & State

Jasper Georgia

Zip

33851

Country

FLA

Zip

30143

Country

PICKENS

4. FEI Number **59-1917677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, ROBERT E
500 W OMAHA ST
LAKE HAMILTON FL 33851**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TAYLOR, ROBERT E**
CITY-ST-ZIP **500 W. OMAHA
LAKE HAMILTON FL 33851**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TAYLOR, CHARLES E**
CITY-ST-ZIP **74 LANKFORD WAY
KENNESAW GA 30144**

TITLE ☐ Change ☒ Addition
NAME **Address only**
STREET ADDRESS **406 Gordon St.**
CITY-ST-ZIP **Reynolds, Ga 31076**

TITLE ☐ Delete
NAME **AT**
STREET ADDRESS **FRAJT, CHARLOTTE T**
CITY-ST-ZIP **2026 TOWNSHIP DR
WOODSTOCK GA 30188**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SCOTT, FRANCES T**
CITY-ST-ZIP **264 ECHO RIDGE #744
JASPER GA 30143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frances T. Scott Secretary Treas.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(770) 893 1325

CR2E034 (10/02)